

## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.:

4409SBC-3

Inventors:

Soo Bong CHOI of #5-908, Youwon Apt., 421-7 Yeonsoo-dong, Chungju-shi,

Chungcheongbuk-do, Republic of Korea

Express Mail Label No.:

EL822582004US

Title:

"PORTABLE AUTOMATIC INSULIN SYRINGE DEVICE WITH BLOOD SUGAR

MEASURING FUNCTION"

Assistant Commissioner for Patents Box Patent Application Washington, DC 20231

Enclosed for filing with the above-identified utility patent application, please find the following:

1. [X] Applicant claims small entity status. See 37 CFR 1.27.

2. [X] Specification (Total Pages of Text, including Abstract and Claims: 43)

3. [X] Drawing(s) (35 USC 113) (Total Sheets: 22) [X] FORMAL [] INFORMAL

4. [X] Oath or Declaration (Total Pages: 2) [X] Signed [] Unsigned

5. [X] Power of Attorney

6. [X] Return Postcard (MPEP 503) (should be specifically itemized)

7. [X] Small Entity Statement(s)

8. [X] A check in the amount of \$355.00 is enclosed.

## FEE CALCULATION:

Artifaction of the control of the co	(COL. 1) NO. FILED			(COL. 2*) NO. EXTRA	SMALL ENTITY			LARGE ENTITY	
<u>.</u>					RATE	FEE		RATE	FEE
BASIC FEE:						\$355.00	OR		\$710.00
TOTAL CLAIMS:	3	-	20	0	X \$9 =	\$0.00	OR	X \$18 =	
INDEP. CLAIMS:	1	-	3	0	X \$40 =	\$0.00	OR	X \$80 =	
MULTIPLE DEPENDENT CLAIMS					+ \$135 =	\$0.00	OR	+\$270 =	
*IF THE DIFFERENCE IN COL. 2 IS LESS THAN ZERO, ENTER "O" IN COL. 2.					TOTAL:	\$355.00			

## **OTHER INFORMATION:**

- 1. [X] The Commissioner is hereby authorized to debit any underpayments or credit any overpayment to Deposit Account No. 19-1970.
- 2. [X] The Commissioner is hereby authorized to charge all required fees for extensions of time under §1.17 to Deposit Account No. 19-1970.

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## 3. Correspondence Address:

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Date: 19 September 2001

Respectfully Submitted,

SHERIDAN ROSS P.C.

Robert D. Traver

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